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# TRAINING COURSE ANNOUNCEMENT

## MONTGOMERY COUNTY

### FIRE & RESCUE TRAINING ACADEMY

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Course Title: EMT-I to EMT-P Bridge Course #1

Class Dates: October 25, 2005 - July, 2006

Time: 1900 hrs – 2200 hrs

Day: Tuesday & Thursday Evenings

Location: Fire & Rescue Training Academy

Instructor (s): TBA

#### Pre-requisite:

Anatomy and Physiology Course (college course or part of EMT-I course)

National Registry 1999 EMT-Intermediate

AHA Healthcare Provider or equivalent CPR Certification

Current ACLS certification or equivalent

Be a current member of a LFRD or a current career uniformed employee of DFRS with

A minimum of one year of DFRS service

Applications can be found on the following website:

<http://www.montgomerycountymd.gov/govtmpl.asp?url=/mc/services/dfrs/psta/index.asp>

NOTE: Registration Deadline: Completed application packets must be received at the FRTA by 1700 hours on August 31, 2005.

This course will be limited to 25 persons and will meet or exceed the 1999 EMT-P curriculum. All students successfully completing this course and the National Registry EMT-P examination will be eligible to take the Maryland EMT-P Protocol examination.

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PREREGISTRATION IS MANDATORY  
FOLLOW APPLICATION PROCESS

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Montgomery County Fire & Rescue  
Division of Wellness, Safety & Training

Fire & Rescue Training Academy  
Course Announcement

## **EMT-I to EMT-Paramedic Bridge Course #1**

Starting Date: October 25, 2005  
Class Times: 1900-2200  
Days: Tuesday/Thursday evenings  
Location: Fire Rescue Training Academy  
Total Hours: 460 hours (classroom and clinical)

***Classroom:*** Sessions will be held Tuesday and Thursdays except for certain holidays. Students will be expected to attend all sessions and complete a group research project and a classroom presentation

***Medic Unit Rotations:*** As scheduled with the Clinical Coordinator. Students are expected to ride 24 hours/month and to have completed a total of 160 hours by May 31, 2006.

***Hospital Rotations:*** As scheduled with the Clinical Coordinator. Students will be required to attend a total of 120 hours in a variety of hospital and community medical centers. Student will also be required to complete patient assessments and formulate a treatment plan for a variety of medical/traumatic conditions.

***Pre-requisites:*** See course announcement.

***End of Class Tests:*** The class will finish with the National Registry EMT-P Written and Practical exams during July, 2006. Successful completion of the National Registry test will enable the student to take the written Maryland EMT-P Protocol test and obtain a Maryland EMT-P license.

***Application Process:*** Candidates must turn in a completed application form, an endorsement form (career form or LFRD form) and a letter listing their reasons for wanting to take the course.

**Complete applications MUST be turned in to the EMS Training Officer no later than 1700 on August 31, 2005. Applications that are not complete and/or received late will not be accepted.**

Montgomery County Fire & Rescue  
Division of Wellness, Safety & Training

Fire & Rescue Training Academy  
Application for EMT-I to EMT-Paramedic Bridge Course #15

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Pager/cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Employment:**

Current Employer's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

May a representative of the FRTA contact your employer: **YES** or **NO** (circle one)

**Education**

What high school did you graduate from? \_\_\_\_\_

Year graduated? \_\_\_\_\_

College attended and years? \_\_\_\_\_

Field of study: Degree: \_\_\_\_\_

Other Education: Degree or Cert. In: \_\_\_\_\_

Other Education: Degree or Cert. In: \_\_\_\_\_

\_\_\_\_\_  
(print name)

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Please list all professional licenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fire/Rescue Activities**

Current primary Fire/Rescue affiliation: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rank \_\_\_\_\_ Sta #: \_\_\_\_\_ Shift: \_\_\_\_\_

Any secondary affiliation: \_\_\_\_\_

Total years Fire/Rescue, EMS experience: \_\_\_\_\_

NREMT-I since: \_\_\_\_\_ NREMT-I ID # \_\_\_\_\_ Exp date: \_\_\_\_\_

Md. CRT-I since: \_\_\_\_\_ Md. CRT-I ID # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have charge medic status? ☐ YES or ☐ No Date obtained \_\_\_\_\_

Average number of medic runs per week: \_\_\_\_\_

**Other Fire/Rescue/EMS Course: (may enclose transcript):**

Course(s) taken and date: \_\_\_\_\_

Course(s) taken and date: \_\_\_\_\_

Course(s) taken and date: \_\_\_\_\_

\_\_\_\_\_  
(print name)

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**Authorization to release Transcript:**

I \_\_\_\_\_ (Print your name) in compliance with the Federal "Family Educational and Rights to Privacy Act of 1974" and the Buckley Amendment, authorize and give permission to the Fire and Rescue Training Academy of Montgomery County, Maryland, to release a transcript of my training records to the EMS training staff. \_\_\_\_\_ (Signature)

***All applicants for course must truthfully answer these questions:***

Have you ever applied for ALS certification/licensure in MD, or any other state? \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_ Was it granted? \_\_\_\_\_

If not, why not? Explain on additional sheet.

Have you ever had ALS, BLS or other medical certification of license withheld, suspended, revoked or denied? \_\_\_\_\_ If yes, identify what certification, when and by whom, and explain the circumstances on a separate sheet.

Have you ever been convicted of, or plead guilty to, or pled nolo contendere to any crime other than a minor traffic violation? \_\_\_\_\_ If so, explain on a separate sheet.

**BY MY SIGNATURE:**

I understand that all of the above information I have given is subject to verification.

Affirm and declare that all of the above information I provided is true and correct to the best of my knowledge.

Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date

Montgomery County Fire & Rescue  
Division of Wellness, Safety & Training

Fire & Rescue Training Academy

DFRS Endorsement Form for EMT-I to P Bridge Course #1

*Return to Capt. Silverman at the Fire Rescue Training Academy no later than August 31, 2005*

Applicant Name: \_\_\_\_\_ Sta/shift \_\_\_\_\_

Hire date: \_\_\_\_\_

**Station Captain**

\_\_\_\_\_ I agree \_\_\_\_\_ I disagree (must document why)

Additional comments:

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Printed name

Signature

Date

**Battalion Chief**

\_\_\_\_\_ I agree \_\_\_\_\_ I disagree (must document why)

Additional comments:

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Printed name

Signature

Date

**Shift Chief**

\_\_\_\_\_ I agree \_\_\_\_\_ I disagree (must document why)

Additional comments:

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Printed name

Signature

Date

**Fire Rescue Training Academy EMS Training Officer**

\_\_\_\_\_ Recommended for EMT-I to P Bridge Course #1

\_\_\_\_\_ Not recommended for Course

*Only Fire Rescue Training Academy Staff to fill in.*

Montgomery County Fire & Rescue  
Division of Wellness, Safety & Training

Fire & Rescue Training Academy

DVFRS Endorsement Form for EMT-I Course # 5

*Return to Capt. Silverman at the Fire Rescue Training Academy no later than August 31, 2005.*

***This form is to be completed by the LFRD Chief or designee.***

The member of your department whose name appears above is applying for EMT-I to EMT-P Bridge Course #1 to be offered by the MCFRTA. Since there are usually more applicants than can be accommodated, it is necessary that a selection process be in place. As a part of this process, it is requested that you answer the following questions about your applicant and finally place them in priority order.

Please rate the applicant in the following categories using the scale below:

**O** = Outstanding

**AA** = Above Average

**A** = Average

**U** = Unsatisfactory

**N/O** = Not observed

1. Punctuality in reporting for work \_\_\_\_\_
2. Completion of assigned duties on time \_\_\_\_\_
3. Undertaking extra duties and responsibilities on their own \_\_\_\_\_
4. Cooperation with others \_\_\_\_\_
5. Written communication and record-keeping \_\_\_\_\_
6. Oral communication \_\_\_\_\_
7. Personal appearance \_\_\_\_\_
8. Relations with the public \_\_\_\_\_
9. General conduct \_\_\_\_\_
10. Participation in training activities \_\_\_\_\_
11. Leadership ability \_\_\_\_\_
12. Knowledge of EMS principles and practices \_\_\_\_\_
13. EMS performance on the scene \_\_\_\_\_
14. Judgment and ability to make decision on scene \_\_\_\_\_
15. Interest in continuing education and training \_\_\_\_\_
16. Ability to follow rules and instructions \_\_\_\_\_
17. Interest in safe performance \_\_\_\_\_
18. Ethics, honesty, integrity and character \_\_\_\_\_
19. Interest in EMS \_\_\_\_\_
20. Record in completing tasks that they undertake \_\_\_\_\_

Would you personally select this applicant for a position of trust? ☐ Yes ☐ No

Would you feel comfortable if this applicant treated you or members of your family in an emergency medical situation? ☐ Yes ☐ No

Considering that your department has a limited number of seats available in this EMT-I course, and with first priority being the highest, please rate this applicant for admission.

**First Priority** \_\_\_\_\_ **Second Priority** \_\_\_\_\_ **Third Priority** \_\_\_\_\_  
(Check off only one choice per applicant).

Please feel free to present additional information regarding your applicant on an additional sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Position: \_\_\_\_\_  
(please print)

Please return this form directly to:

Captain Lee R. Silverman  
Fire Rescue Training Academy  
9710 Great Seneca Highway  
Rockville, Md. 20850  
Fax: 301-279-1795

***Fire Rescue Training Academy EMS Training Officer***

\_\_\_\_\_ Recommended for EMT-I to P Bridge Course #1

\_\_\_\_\_ Not recommended for Course

*Only Fire Rescue Training Academy Staff to fill in.*